



# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number	10/045,694		
Filing Date	10/19/01		
First Named Inventor	Cox et al.		
Group Art Unit	9867		
Examiner Name	A. M. Farah		
Total Number of Pages in This Submission	12	Attorney Docket Number	1223P030

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Postcard;
		Remarks
The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-1546.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Bond, Schoeneck & King William Greener	
	Reg. No. 38,165	
Signature		
Date	December 7, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

December 7, 2004

Typed or printed name	Christine Samson		
Signature		Date	December 7, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*



IFW

PATENT CASE NAME/NO. 1223P030

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Cox et al.	P02929US
Serial No:	10/045,694	Group Art Unit: 9867
Filing Date:	10/19/01	Examiner: A. M. Farah
Title:	METHOD AND SYSTEM FOR IMPROVING VISION	<b>RESPONSE</b>

Commissioner for Patents  
P.O Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO THE EXAMINER'S OFFICE ACTION**

Sir:

In response to the Office Action dated September 9, 2004, Applicant respectfully submits the following attached pages for the Examiner's review and reconsideration of the application:

**Claims (pending);**

**Remarks.**